



## PGY-1 Residency Supplemental Application Form

### Instructions:

- Please complete the following form and upload it to Phorcas with your application package
- Please only use the space provided below for responses and do not include additional attachments

How did you hear about our program? What do you wish to accomplish with PGY1 residency at the West TX VA?

Describe your pharmacy work experience (i.e., setting, duration, duties).

What ambulatory care clinic experience do you have (i.e., conducting patient interviews, navigating electronic health record systems etc.).

How has the COVID-19 pandemic impacted your pharmacy training/career? How have you adapted?

Describe your career goals 1-year post-residency.